## LOBBYIST ANNUAL REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State DE LIST AIMONE RELORT

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

 $\begin{array}{c} Page \underline{\hspace{0.5cm}} of \underline{\hspace{0.5cm}} Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$ 

05 JAN 27 AM 10: 09

SECRETATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Period covered Lobbyist's name and permanent business address Date prepared year ending 1/11/05 Richard L Hahn P O Box 70 (Day) (Mo.) (Yr.) Boise, ID 83707 12 31 04

Category of Expenditure teimbursed Personal Living and Travel expenses Pertaining to Lobbying Activity	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
Do Not Have to be Reported		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4			
Entertainment Food and Refreshment	\$ 2,923.93	\$ 2,923.93	\$	\$				
Living Accommodations								
Advertising								
Travel								
Telephone								
Other Expenses or Services	1,725.00	1,725.00						
Total	\$ <u>4,648.93</u>	\$4,648.93	s	s	\$			

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals	totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.					
2	Date	Place	Amount	Names of Legislators & Public Officials in Group			
8/11	/04	Hells Canyon tour	\$131.33	Rep Jim Clark			

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.	No.1	Idaho Power Co P O Box 70 Boise, ID 83707		
Filing deadline: Annual report is due on January 31st.	No.2			
TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720	No.3			
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No.4			

Item					r by the lobbyist's employer in the nature of contributions of money or other tangible or intangible					
4	personal property to any Legislator, or for or on behalf of a		i any ie	Name of Legislator Receiving or Benefited						
lton			Amount	tion, the number of the Senate		LEGISLATIVE SUB				
5	or House Bill Resolution or other legislative activity in which									
Subject (from ) 30 11 07 07 07 30 11 11 30 11 11 07	Code	Bill, Res	solution or Other ve Ident. Number  9 2 4 2 4 2 0 1 9 9 3 9	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, federal Government, federal Government, special districts Government, special districts Government, state  Employer No. Vsignature	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)  1 - 21 - 05 Date  Date		
				above is a true, complete and n 67-6624 Idaho Code.	i	Employer No. 2 signature Employer No. 3 signature		Date		
						Employer No. 4 signature		Date		